

USE SEPARATE ENTRY BLANK FOR EACH OWNER

PREMISE ID# _____
Mandatory for Barrows

Illinois State Fair
OPEN AND LAND OF LINCOLN
SWINE ENTRY BLANK
Entries Must be Postmarked July 1
NO REFUNDS

Return form and fees to:
ILLINOIS STATE FAIR, COMPETITIVE EVENTS
P. O. BOX 19427, SPRINGFIELD, IL 62794-9427
PHONE: 217-782-0786

BOARS & GILTS	NUMBER OF HEAD
Berkshire	
Chester White	
Crossbred	
Duroc	
Hampshire	
Hereford	
Poland China	
Spots	
Tamworth	
Yorkshire	

BARROWS (Maximum 4 Head) Do Not Specify Breed	# of Head

Are any of these animals Land of Lincoln?

Yes or No (Circle One)

Are any of these animals Premiere? (Max. of two)

Yes or No (Circle One)

If you have premiere barrows,

Please list POA Certification# _____

Are any of these animals Land of Lincoln? Yes or No (Circle One)

EXHIBITOR'S NAME (Please Type or Print)		
ADDRESS, STREET OR R. F. D.		
CITY	STATE	ZIP CODE
TELEPHONE		
EMAIL		
SOCIAL SECURITY # OR FEIN # OF FIRM OR CORP. (ONLY NEW EXHIBITORS)		

CONDITION OF ENTRY

By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled Ethical Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

Parent/Guardian Signature Date

Exhibitor's Signature Date

Breeding Swine per head (\$5.00) _____

Barrows per head (\$5.00) _____

Admission Passbook (13-59) each (\$60.00) _____

Auto Sticker each (\$40.00) _____

Total _____

CHECKS PAYABLE TO: ILLINOIS STATE FAIR

Receipt # _____

Exhibitor's # _____ ID # _____

**ALL LIVESTOCK TRUCKS, TRAILERS, & GOOSE-NECKS WILL BE
PARKED IN THE 1/2 MILE TRACK AND WILL BE SPRAYED BY A
MOBILE UNIT!**

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210/1-13. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. In accordance with the Americans With Disabilities Act any attendee requiring a reasonable accommodation should notify us of their needs by August 1.
IL406-0566 (Rev. 4-16)